Santa Clara Valley Health/Hospital Systems
Santa Clara County Family Treatment Drug Court Head Start Program
San Jose, California
TI14269

Authorized Representative
Will Lightbourne
333 West Julian Street
San Jose, CA 95110
(408) 491-6800

Project Director
Frances Johnese
333 West Julian Street
San Jose, CA 95110
(408) 475-5150
(408) 975-5848 fax

Evaluator
Not available

Contact
Frances Johnese
333 West Julian Street
San Jose, CA 95110
(408) 475-5150
(408) 975-5848 fax

SAMHSA Grants Specialist
Emmanuel Djokou
5600 Fishers Lane
Rockwall II, Suite 630
Rockville, MD 20857
(301) 443-9667
(301) 443-6468 fax
edjokou@samhsa.gov

CSAT Project Officer
Bruce Fry
5600 Fishers Lane
Rockwall II, Suite 630
Rockville, MD 20857
(301) 443-0128
(301) 443-6468 fax
bfry@samhsa.gov

B&D ID
50602

PROJECT DESCRIPTION

Expansion or Enhancement Grant—Enhancement

Program Area Affiliation—Drug Court (Criminal Justice; Women and their Children)

Congressional District and Congressperson—California 10, 13, 14, 15, and 16; Ellen O. Tauscher, Fortney Pete Stark, Anna G. Eshoo, Michael M. Honda, and Zoe Lofgren, respectively

Public Health Region—IX

Purpose, Goals, and Objectives—This project is being proposed in response to the lack of intensive culturally competent services for children in the Family Treatment Drug Court (FTDC) Head Start Program. The focus of this new program will be to serve the children as a part of the treatment plan for their substance-abusing parents. The goals of the program are specified as follows:

1. To adequately screen and assess parents' medical needs and their children's medical, development, and academic readiness needs, so that the children achieve health and attain academic success in school;
2. To help parents develop the critical life skills for supporting the development of the children's health, including children with neurological damage from perinatal exposure to drugs/alcohol;
3. To train parents in how to adequately support their children's academic readiness for school success; and
4. To provide recovering parents and their children with ongoing support and life skills reinforcement beyond the program cycle.

Program service objectives are directly designed to target these goals. (pages 7, 15, 19)

Target Population—The target population for the proposed program includes children and adolescents (prenatal to 17 years of age) of women (including pregnant women) and parents with substance-abuse concerns residing in Santa Clara County. (page 10)

Geographic Service Area—The geographic service area is Santa Clara County, which is located at the southern end of the san Francisco Bay Area and has a population of over 1.6 million. (page 10)

Drugs Addressed—The proposed program does not address any one particular drug. However, the project narrative provides more discussion on alcohol than any other substance. For instance, the project notes that fetal alcohol spectrum disorders have been found to be common among children of alcohol-abusing mothers; therefore, the program will screen children for any such organic difficulties associated with alcohol abuse during pregnancy. In addition, the project states that according to a recent report from the Santa Clara County Department of Public Health, "nearly two-thirds of Santa Clara County teens have consumed alcohol and nearly 23 percent reported episodic heavy drinking." (pages 11, 13)

Theoretical Model—The proposed program is primarily modeled after the Head Start Program, which focuses on children in a cultural competence framework. It views children as competent in their own homes and neighborhoods and views student learning through the context of a child's

early learning experiences. This perspective will be coupled with the grantee's own intensive case management approach, which is based on providing a continuum of family-based treatment and ancillary services to strengthen the parent–child bond. The status of the parent–child relationship is evaluated, and a comprehensive case plan is developed to facilitate family reunification based on each client's circumstance. Although it is family based, this approach supplements the Head Start model as it also focuses on the children, their safety and their developmental needs, including education and counseling. (pages 9, 13, 16, 18)

Type of Applicant—County (SF-424, item #7)

SERVICE PROVIDER STRUCTURE

Service Organizational Structure—The lead agency and fiscal agent for the proposed project is the Santa Clara County Social Services Agency. Program services will be provided by the Agency's Department of Family and Children's Services (DFCS), which is one of the agency's three service departments. The DFCS extends protective services to more than 21,000 children and their families each year, including services offered through the department's Family Treatment Drug Court (FTDC) and FTDC Head Start Program. (pages 21, 27)

Service Providers—Services will be provided by Santa Clara County's DFCS through their existing FTDC Head Start Program. Head Start teachers and aides have been specially trained to work with developmentally and academically at-risk children and families with substance abuse concerns. They will provide training and educational classes to parents and children to facilitate reunification. Treatment plan monitoring and coordination of case management and support services will be provided by the county's FTDC social work staff. The Department of Alcohol and Drug Services Learning Institute (DADS) will provide customized staff training to Head Start teachers and aides to support them in meeting the unique needs of targeted parents and their children. The fetal alcohol spectrum disorders clinic (FASDC) will accept referrals for further developmental screening of children and provide a public health nurse to conduct home visits. Yellow Cab will supply transportation vouchers. (pages 15–17, 27–28, 47)

Services Provided—Existing wraparound services for FTDC families include social and public health services; housing; mental health services; substance abuse services; domestic violence referrals; and specially designed support and educational programs for both parents and children. Parents who demonstrate success in their program and recovery are provided with intensive guidance and support in reuniting with their children. The proposed program will include these services but will also provide service enhancements to meet the service gaps associated with the project's main goals as listed above—i.e., adequate screening and assessment of parents' medical needs and the medical, developmental, and academic readiness needs of their children; training to help parents develop the life skills necessary to support their children's health and academic readiness; and providing recovering parents and their children with ongoing support and life skills reinforcement beyond the program cycle.

These newly proposed services will facilitate improvements in parenting capabilities by providing parents with effective parent training and modeling in a child-centered supervised visitation program that includes extensive medical assessments for themselves and their children. Under the direction of the program manager, FTDC social workers will monitor the parent's treatment program participation and activities as stated in the court-mandated treatment plan for reunification, and provide case management and coordination of support services. The children will receive medical, developmental, and academic screening and assessment and will be

provided with age-appropriate educational and recreational activities, as well as nutritious meals. The FTDC judge will meet with the parent every 1 to 4 weeks to monitor the parent's progress in the program. Transportation needs will be assessed and coordinated by FTDC social workers on a weekly basis. (pages 16–20)

Service Setting—The program site will be provided by Santa Clara County's Ujirani Family Resource Center. This site is centrally located in East San Jose and is accessible by public transportation. It is centered near several Head Start program sites for extended program participation. (pages 17, 31)

Number of Persons Served—The number of people to be served is not clearly stated. The project makes two statements regarding the number of people to be served. First, it states that it is estimated that approximately 250 children will be screened each project year and 100 children will be sent on for full evaluation each project year. (Note: The term "full evaluation" is ambiguous and not defined in the project narrative.) Second, the project adds that it will expand services to 30 more parents and 250 children, but it is not clear what this means—i.e., 30 more than what? Are the 250 children the same 250 children mentioned in the first statement? Although this latter statement occurs in several places throughout the project narrative, it is not included in the project abstract, whereas the first statement is included. Further confusing the issue is the statement that the evaluation plan proposes to enroll approximately 45 parents and 115 children (page 22), but these numbers are not mentioned anywhere else in the application. (pages 2, 7, 11, 14, 19)

Desired Project Outputs—Although not clearly stated, the desired project outputs can be deduced from the narrative. For each year of the proposed program, the project hopes to achieve the following:

- Improved health of the children
- Improved academic readiness and academic performance of children
- Improved parenting skills in supporting their children's development and academic readiness for school
- Fifty percent of recovering parents and their children will continue to participate in ongoing support and life skills activities beyond the program cycle

(page 15)

Consumer Involvement—The application states that client focus groups will be convened at the beginning of the program to solicit feedback on enrollment into the program, logistics of participation, and program relevance and usefulness to the client's life circumstances. In addition to these groups, two parents will be selected per quarter to serve as key informants and will be interviewed as part of the feedback plan for the process/implementation evaluation. (pages 23, 25)

EVALUATION

Strategy and Design—The evaluation design consists of two components: (1) an implementation fidelity/process evaluation, and (2) an outcome evaluation. The outcome evaluation is central to the assessment of project effectiveness and is designed to examine (1) program participants' parenting skills, and (2) children's readiness for school and learning. Therefore, the outcome evaluation will assess adult and child data separately. Both evaluations

involve a pre-/post-test design based on the learning program in which the subject is placed. These data will be augmented by behavioral observations, homework behavior logs, and feedback from teachers and social workers. The parental portion of the outcome evaluation will have two post-test measurements to examine joint parent–child activities and a parent-only educational component. Although the evaluation design does not include a control group, data from comparable groups will be available from a number of different sources. Data from the national Cross-Site Evaluation (CSE) project (funded by the Substance Abuse and Mental Health Services Administration) will be available for use in conducting historical comparisons. For the implementation fidelity/process evaluation, two types of qualitative assessment will be undertaken: (1) client focus groups, and (2) participant observations of program implementation. The program will therefore be implemented in a flexible manner to allow for mid-course adjustments/corrections. (pages 21–24)

Evaluation Goals/Desired Results—The evaluation goals are not specifically stated. However, the project notes that the evaluation will focus on the assessment of (1) trends in family-related outcomes such as substance abuse treatment status and domestic violence involvement, (2) child welfare-related outcomes, including child safety and permanency, and (3) family court outcomes related to the timeliness and nature of court actions. (page 12)

Evaluation Questions and Variables—The evaluation questions are not specifically stated in the application. However, the project does supply enough information from which to infer two general evaluation questions as follows:

For parents

1. What factors differentiate successful clients (i.e., parents) versus those who are not successful in attaining their treatment plan goals?

For children

2. What behavioral indicators correlate with a child's progress (or non-progress) in the learning portion of the program?

Only limited information is presented with regard to the central project variables, which for parents include length of stay, service utilization, discharge status, treatment retention, demographics, substance abuse and substance abuse treatment outcomes, changes in parenting attitudes and knowledge, and successful completion of court requirements for discharge from court custody. For children, the only mention is of behavioral indicators. (pages 24–25)

Instruments and Data Management—Three quantitative data collection instruments are discussed in the project narrative. For parents, program outcomes will be evaluated using the Government Performance Reporting Act (GPRA) Core Client Outcomes Measure and the Adult and Adolescent Parenting Inventory—AAPI 2. Both instruments will be administered at baseline and at 6- and 12-month follow-up intervals. Children's progress in the program will be assessed using the Denver Prescreening Developmental Questionnaire II, which will be administered at the beginning and end of the program. (pages 21, 23–25, 86–87)

The application does not provide a description of data management procedures. However, it is stated that the project will subcontract with a reputable local research firm to conduct a part of the data collection, follow-up, and data entry—the Center for Applied Local Research (CAL-Research) (page 24). There is no information regarding the individual(s) who will direct/work on these tasks. A letter of support from the president of CAL-Research (page 43) indicates that a

"brief statement of [our] organizational qualifications" was included with the letter, but this statement was not included in the application.